



## Maryland Child Care Choices Study: Maternal Depression among Applicants for Temporary Cash Assistance

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### Introduction to the Maryland Child Care Choices Research Brief Series

The purpose of this Research Brief Series is to summarize key findings and implications from the Maryland Child Care Choices study, a two-year longitudinal survey of parents who were applying for Temporary Assistance for Needy Families (TANF) in 2011. Families in the Maryland Child Care Choices study have at least one child age six or younger and lived in one of the following counties at the time of their first interview: Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Montgomery, and Prince George's.

This brief is based on data from the baseline survey of the

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### OVERVIEW

This Research Brief examines the prevalence of depressive symptoms among mothers who recently applied for Temporary Cash Assistance (TCA) in Maryland. The analysis describes risk factors associated with experiencing depressive symptoms, and the associations between depressive symptoms and maternal stress about parenting.

### KEY FINDINGS

- Depressive symptoms are common among mothers who recently applied for TCA in Maryland. More than half of the mothers in the sample reported that they felt down, depressed, or hopeless in the past year. Nearly a third reported feeling both down, depressed, or hopeless and a lack of interest or pleasure in doing things.
- Among mothers who experienced feelings of depression, 47% reported symptoms that were persistent or concerning to themselves or others.
- Depressive symptoms were more frequently reported by unemployed mothers (40%) than by those who were working for pay (21%).
- Almost half of parents (46%) who rated their health as being less than excellent reported persistent or concerning depressive symptoms.
- Depressive symptoms were more common among parents who reported feeling stressed by parenting, with 70% of mothers who felt that their children made too many demands on them and over 80% of parents who reported ever feeling like raising children was too difficult or too much responsibility reporting depressive symptoms.

These findings, discussed in greater detail in this Research Brief, have important implications for policy and practice. Specifically, the findings of this study suggest there is a substantial need for mental health services and support for mothers applying for TCA. Given that the primary policy focus for this population is on supporting parental employment and providing material support for children, the mental health needs of mothers may be overlooked. Though depression is a treatable condition, its identification and treatment among low-income populations and mothers, in particular, is a challenge. Much research and policy focuses on addressing postpartum depression; however, this and other studies indicate that maternal depression may be common



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Maryland Child Care Choices study. Telephone surveys were conducted by Wilder Research every six months, starting in July 2011. Surveys included questions on the following topics: parents' child care preferences, the processes parents use to make child care decisions, parents' perceptions of the quality of their child care, child care-related work disruptions, parental employment, and the use of public assistance programs. For each family, one child is designated as the focal child and detailed information is collected about the child care arrangements used for this child.

For more information about the study design and sample for this brief, see the Study and Sample Description Brief in this series. The entire series of baseline briefs are available online at [www.mdmnresearch-partnership.com](http://www.mdmnresearch-partnership.com) or [www.childtrends.org](http://www.childtrends.org).

among low-income mothers of young children as well.<sup>1,2</sup> Low-income mothers of young children may face several barriers to accessing services through which depression could be detected and treated. These include lack of transportation, lack of adequate health insurance, distrust of mental health providers, and the need for child care during treatment.<sup>3,4</sup> States are using a variety of approaches to address these issues, including the promotion of early detection at points of contact with health care providers, dual screening of mothers and children, and offering services through settings, providers, and networks that low-income mothers trust, including home visits, early child care settings, and peer support groups.<sup>5,6</sup>

## RESEARCH ON MATERNAL DEPRESSION

In 2009, the National Academy of Sciences estimated that about one in five children in the U.S. live with parents who suffer from major or severe depression.<sup>7</sup> Rates of depression are disproportionately found among low-income parents. One analysis of National Health Interview Survey data indicated that 13% of single parents with a household income below the Federal Poverty Level (FPL) reported symptoms of depression, compared with only 5% of those whose household income was at or above FPL.<sup>8</sup>

The Minnesota Child Care Choices study, a three-year longitudinal survey of a sample of parents with low incomes who have at least one child age six or younger, surveyed a population similar to the one described in this Brief. Sixty-four percent of low-income parents in the Minnesota study reported feeling down, depressed, or hopeless in the past year, and of these parents, 36% had symptoms that were persistent or concerning to others.<sup>9</sup>

Maternal depression has been associated with multiple negative behaviors and outcomes for parents and children. Using data from over 3,500 mothers in the Fragile Families and Child Wellbeing study, a 2011 study found maternal depression to be negatively associated with the time mothers spent with their 5-year-old children on activities such as reading, playing indoors, and outings.<sup>10</sup> Multiple studies have found that chil-

1 Goodman, J. H. (2006) Postpartum Depression Beyond the Early Postpartum Period. *Journal of Obstetric, Gynecologic, & Neonatal Nursing* 33(4), 410-420.

2 Lennon, M.C., Blome, J., & English, K. (2001) Depression and Low-Income Women: Challenges for TANF and Welfare-to-Work Policies and Programs. New York, NY: National Center for Children in Poverty, Columbia University, Mailman School of Public Health.

3 Knitzer, J., Theberge, S., & Johnson, K. (2008) Reducing Maternal Depression and Its Impact on Young Children. Project Thrive Issue Brief No. 2. New York, NY: National Center for Children in Poverty, Columbia University, Mailman School of Public Health.

4 Knitzer, J., Theberge, S., & Johnson, K. (2008) Reducing Maternal Depression and Its Impact on Young Children. Project Thrive Issue Brief No. 2. New York, NY: National Center for Children in Poverty, Columbia University, Mailman School of Public Health.

5 Beeber, L.S., Schwartz, T.A., Holditch-Davis, D., Canuso, R., Lewis, V. & Hall, H.W. (2013). Parenting enhancement, interpersonal psychotherapy to reduce depression in low-income mothers of infants and toddlers: A randomized trial. *Nursing Research* 62(2), 82-90.

6 Children's Defense Fund-Minnesota. (2011) Zero to three research to policy project: Maternal Depression and Early Childhood Full Report. Children's Defense Fund-Minnesota.

April [http://www.cdf-mn.org/sites/default/files/CDF\\_Maternal\\_Depression\\_5.pdf](http://www.cdf-mn.org/sites/default/files/CDF_Maternal_Depression_5.pdf)

7 National Research Council and Institute of Medicine (2009). Depression in parents, parenting, and children: Opportunities to improve identification, treatment, and prevention. Washington, DC: National Academies Press.

8 Child Trends (2012). Parental Depression. Retrieved from [www.childtrendsdatabank.org/?q=node/191](http://www.childtrendsdatabank.org/?q=node/191)

9 Chrisler, A., Blasberg, A., Forry, N., & Tout, K. (2013). Minnesota Child Care Choices: Low-income parents' experiences of depressive symptoms. Washington, DC: Child Trends.

10 Frech, A. & Kimbro, R. T. (2011) Maternal Mental Health, Neighborhood Characteristics, and Time Investments in Children. *Journal of Marriage and Family*, 73(3), 605-620.

dren of depressed mothers are more likely to have behavior problems, poor academic performance, and delays in cognitive and psychosocial development.<sup>11,12</sup> The Minnesota Child Care Choices study found parents who reported depressive symptoms to be more stressed by their children than parents who did not report depressive symptoms.<sup>13</sup>

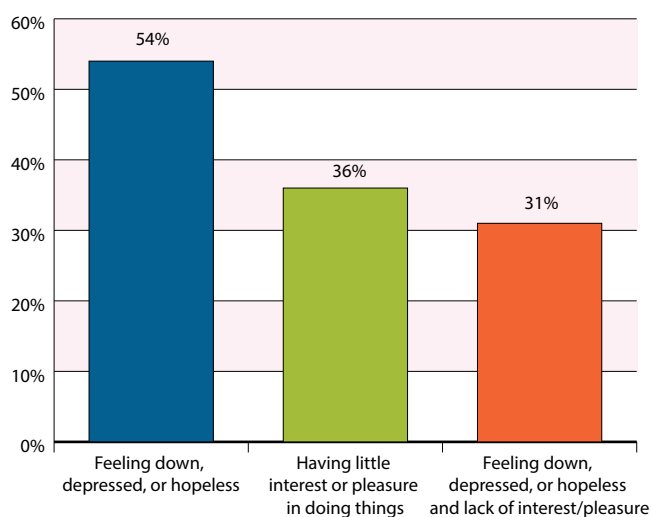
## METHODOLOGY

In the Maryland Child Care Choices study, parents were asked nine questions about depressive symptoms derived from the Patient Health Questionnaire (PHQ-9).<sup>14</sup> The responses to these questions do not imply a clinical diagnosis of depression, but do provide insight into respondents' experiences with symptoms of depression. Due to the small number of fathers participating in this study, this Brief focuses solely on symptoms of depression among mothers. All findings presented in this Brief are based on analyses of data from the baseline survey of the Maryland Child Care Choices study.

## SYMPTOMS OF DEPRESSION EXPERIENCED BY LOW-INCOME MOTHERS IN MARYLAND

Depressive symptoms were common among mothers in the Maryland Child Care Choices study. Over half of participating mothers reported feeling down, depressed, or hopeless in the past 12 months (54%), 36% reported feeling that they had little interest or pleasure in doing things, and 31% reported experiencing both feelings of depression and a lack of interest/pleasure (Figure 1).

FIGURE 1: Feelings of depression in the past 12 months



Note: n=280

11 Petterson, S.M. & Albers, A. B. (2001) Effects of poverty and maternal depression on early child development. *Child Development*, 72(6), 1794-1813.

12 Goodman, S. H., Rouse, M. H., Connell, A. M., Broth, M. R., Hall, C. M., & Heyward, D. (2011) Maternal Depression and Child Psychopathology: A Meta-Analytic Review. *Clinical Child and Family Psychology Review*, 14, 1-27.

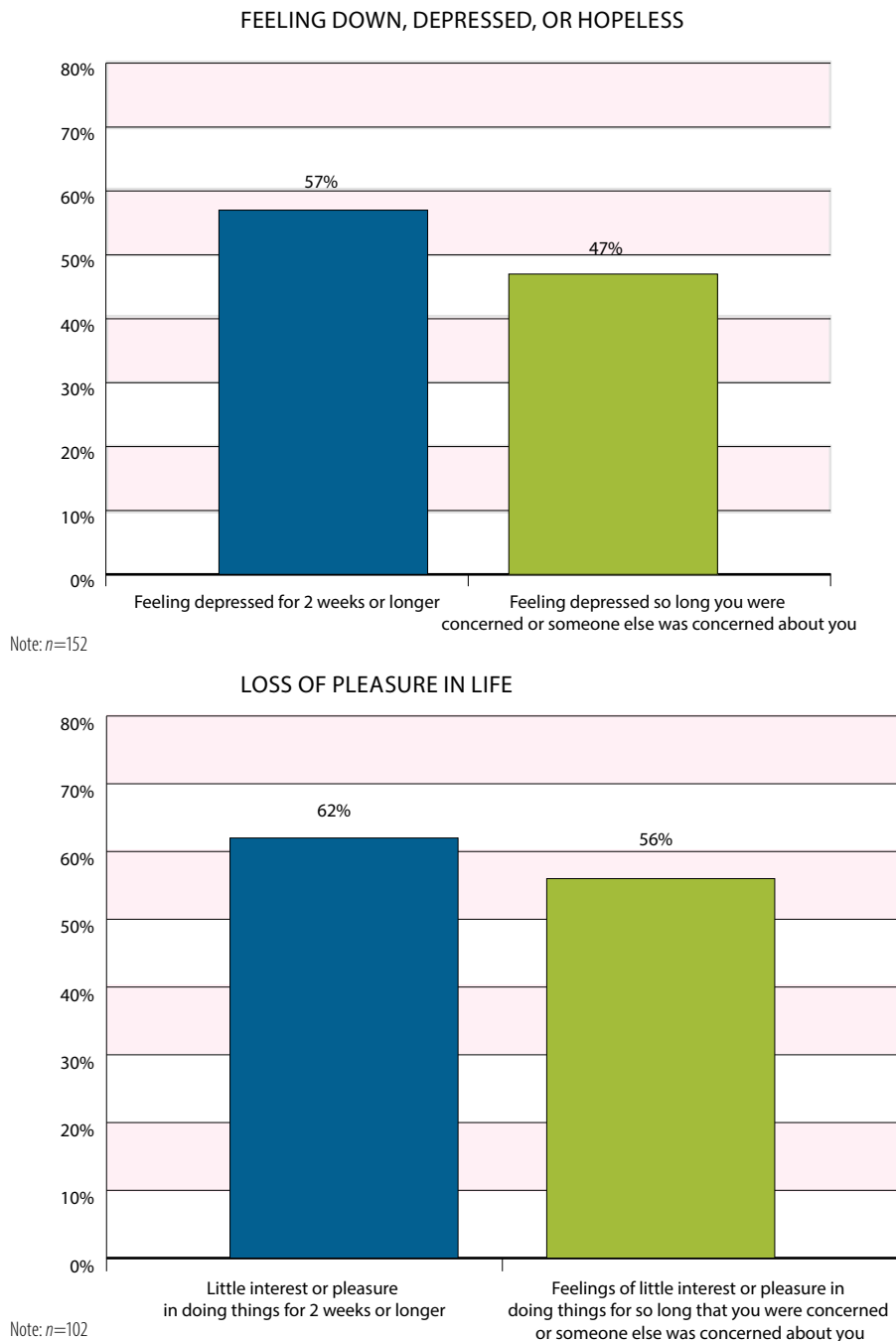
13 Chrisler, A., Blasberg, A., Forry, N., & Tout, K. (2013). Minnesota Child Care Choices: Low-income parents' experiences of depressive symptoms. Washington, DC: Child Trends.

14 Questionnaire available at: <http://www.nyc.gov/html/doh/downloads/pdf/csi/depressionkit-clin-questionnaire.pdf>

## Intensity and Duration of Symptoms

A high proportion of mothers who reported depressive symptoms felt that these symptoms were persistent or concerning. Of the mothers that reported feeling down, depressed, or hopeless, 57% stated that they felt that way for two weeks or longer, and 47% said they felt depressed for so long that they or someone else was concerned about them (Figure 2). Among mothers that reported having little interest or pleasure in doing things they normally enjoy, 62% reported losing interest for two weeks or longer, and 56% reported losing interest for so long that they or someone else was concerned about them (Figure 2).

FIGURE 2: Intensity/duration of symptoms among those who reported any depressive symptoms



## DEMOGRAPHIC CHARACTERISTICS OF LOW-INCOME MOTHERS EXPERIENCING DEPRESSIVE SYMPTOMS

Differences in demographic characteristics among mothers were examined across three groups: 1) mothers who did not report experiencing depressive symptoms in the last 12 months ( $n=112$ ); 2) mothers who reported experiencing at least one depressive symptom in the last 12 months ( $n=71$ ); and 3) mothers who reported experiencing at least one persistent/concerning depressive symptom in the last 12 months ( $n=97$ ). Mothers in each of these groups were compared on a number of individual- and family-level demographic characteristics. Individual-level demographics included age, marital status, employment status, health status, and level of education. Family-level demographics included age of the focal child, number of children in the family, child health status, and family income level.<sup>15</sup>

Among the examined demographic characteristics, only employment status and health status were associated with mothers' experience of depressive symptoms.

### Employment Status

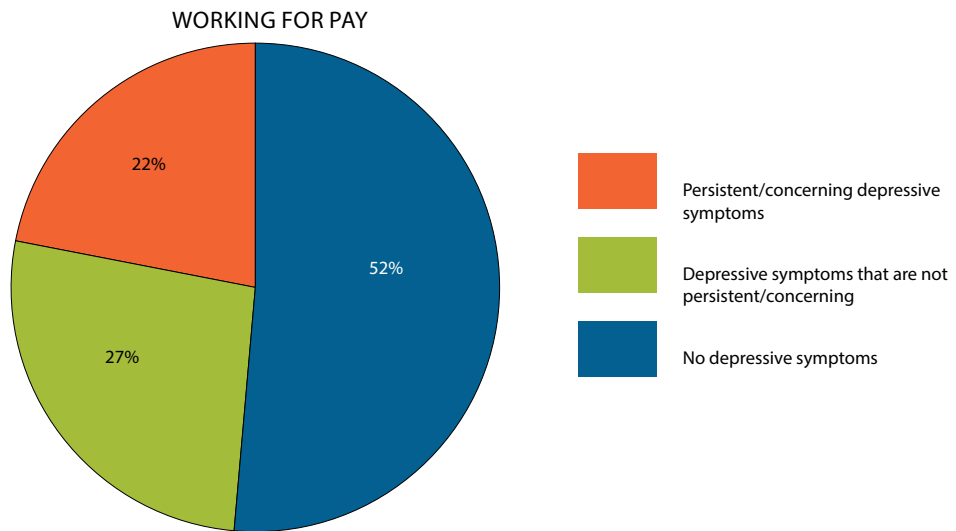
At baseline, mothers were asked about their employment status in the previous week. Twenty-two percent indicated that they were working for pay during the prior week; the remaining 78% were not working for pay.

Just over half of working mothers experienced no depressive symptoms (52%) and less than a quarter experienced persistent/concerning symptoms (22%; Figure 3). In contrast, most mothers who were not working experienced at least one depressive symptom (63%), with 38% reporting persistent/concerning symptoms.

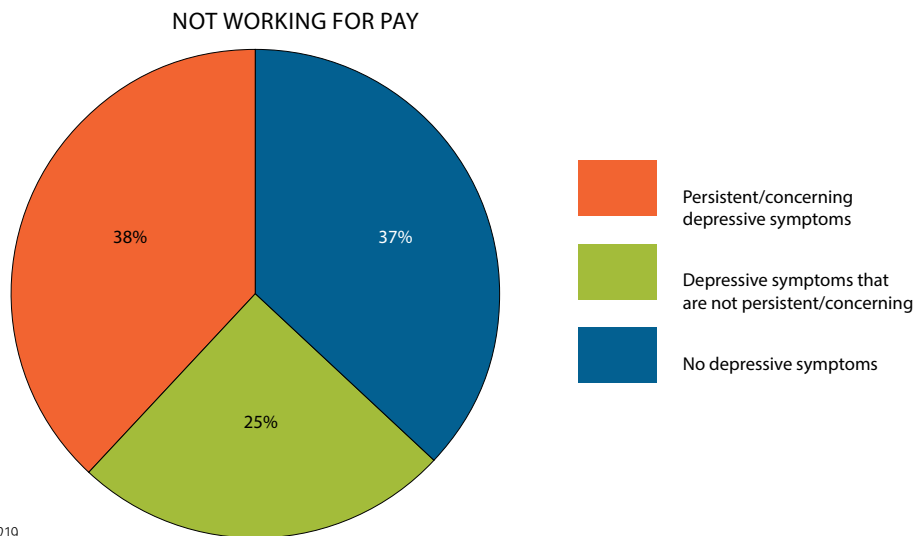
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<sup>15</sup> Unless otherwise stated, the results presented in this brief are statistically significant with a p-value less than 0.05.

FIGURE 3: Employment status related to depressive symptoms



Note:  $n=60$  Percentages do not add up to 100% due to rounding.



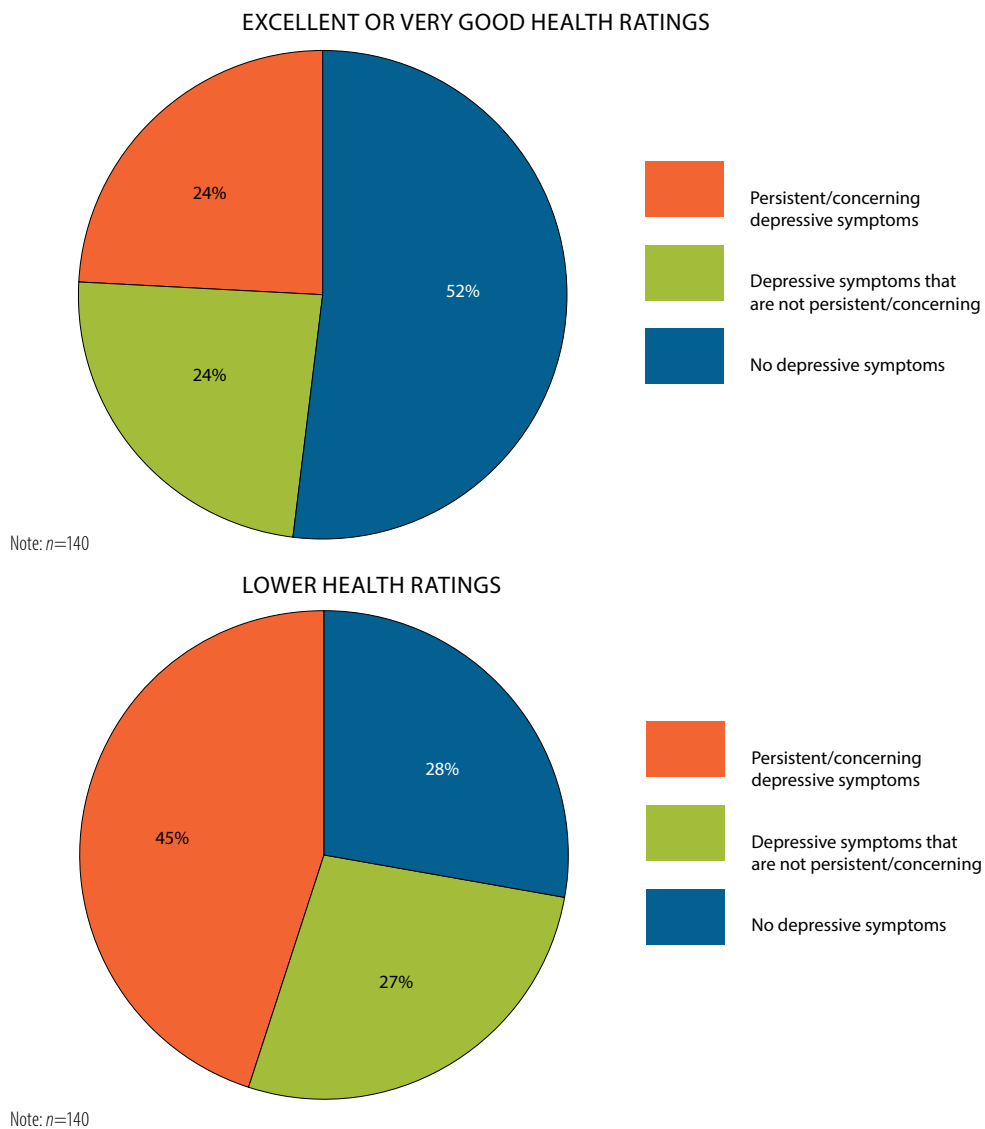
Note:  $n=219$

## Health Status

Mothers were asked to rate their overall health status on a five point scale ranging from poor to excellent. Thirty-one percent indicated they were in “excellent health,” 19% “very good health,” 29% “good health,” 15% “fair health,” and 6% “poor health.”

The level of depressive symptoms of mothers who rated their health as being excellent or very good were compared with those of mothers who rated their health as good, fair, or poor. Depressive symptoms were more prevalent among mothers who rated their health as being less than very good (see Figure 4). Just over half of mothers with excellent or very good health (52%) had no depressive symptoms; the other 48% were equally likely to report persistent/concerning (24%) and not persistent/concerning (24%) depressive symptoms. Almost half (45%) of those with good, fair or poor health (“lower health ratings”) experienced persistent/concerning depressive symptoms. Among the remaining mothers with lower health ratings, there was nearly an even split between those with no depressive symptoms (28%) and those with depressive symptoms that were not persistent/concerning (27%).

FIGURE 4: Health status related to depressive symptoms

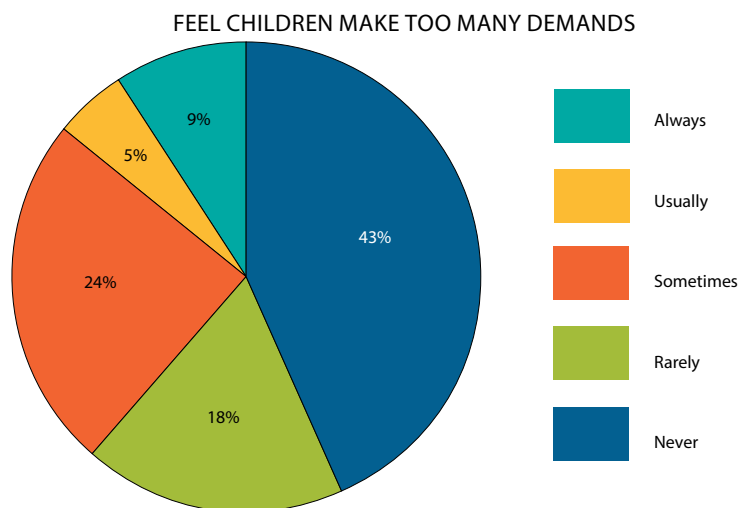


## ASSOCIATION BETWEEN DEPRESSIVE SYMPTOMS AND PARENTING STRESS

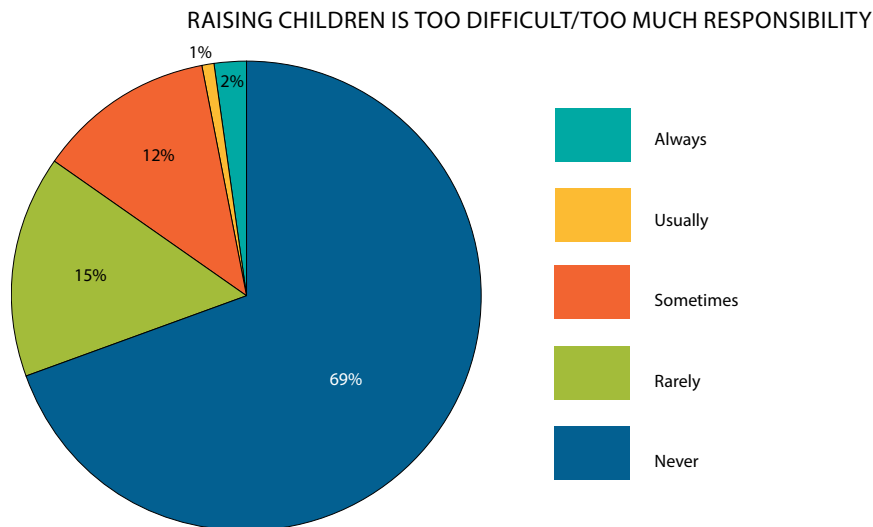
A positive association between depression and parenting stress has been documented in research on parenting.<sup>16</sup> This is an important association to examine as maternal parenting stress has been associated with negative child outcomes (e.g., behavior problems).<sup>17</sup>

We examined the prevalence of parenting stress using two questions: 1) How often do you feel your children make too many demands on you?, and 2) How often do you feel like raising your children is way too difficult or too much responsibility? Just under half of mothers felt that their children never made too many demands on them (43%). However, nearly as many (approximately 38%) indicated that their children placed too many demands on them between some and all of the time. A majority of mothers felt that raising their children was never too difficult or too much responsibility (69%). Only approximately 15% indicated that parenting was too difficult between some and all of the time.

FIGURE 5: Prevalence of parenting stress



Note: n=280 Percentages do not add up to 100% due to rounding.



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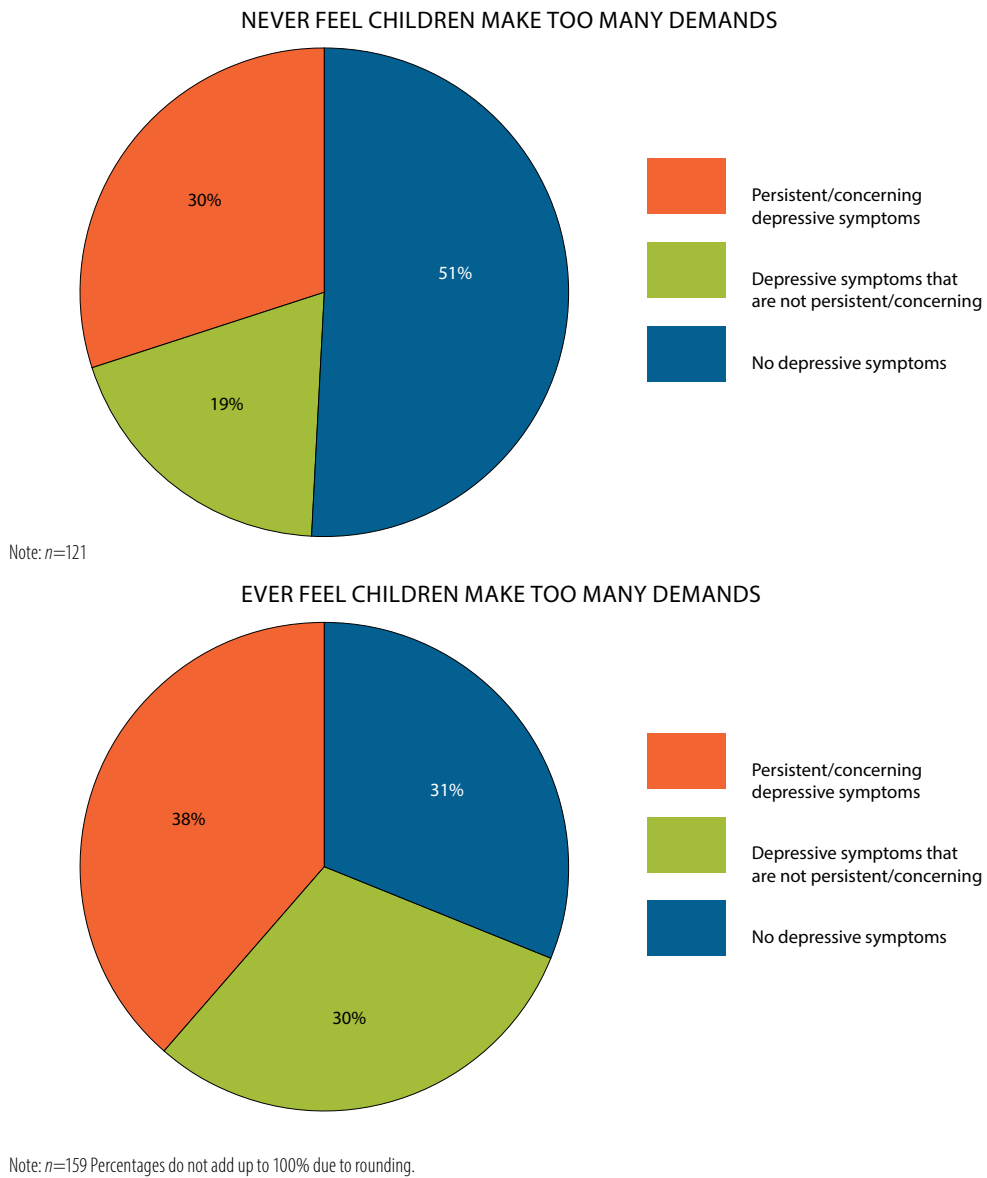
16 Lovejoy, M. C., Graczyk, P. A., O'Hare, E., & Neuman, G. (2000). Maternal depression and parenting behavior: A meta-analytic review. *Clinical Psychology Review, 20*(5), 561-592.

17 Jackson, A. P. (2000). Maternal self-efficacy and children's influence on stress and parenting among single black mothers in poverty. *Journal of Family Issues, 21*(1), 3-16.



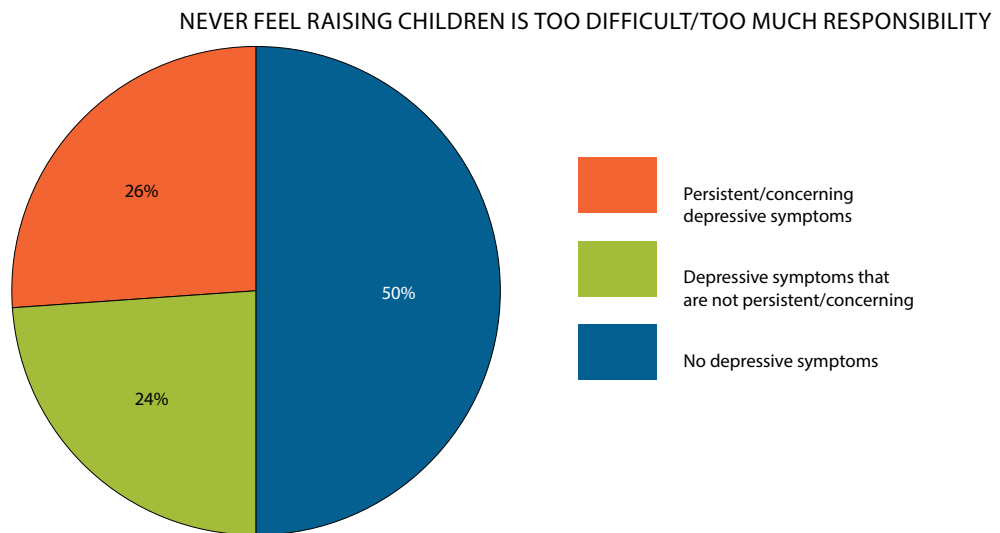
Mothers who never felt that their children made too many demands were compared with those who ever felt that way. A strong association was noted between maternal perceptions of children's demands and depressive symptoms. The majority of mothers who never felt their children made too many demands (51%) reported no depressive symptoms. Further, less than a third of mothers who never felt their children made too many demands reported persistent/concerning depressive symptoms (30%), which is less than among the study sample overall (35%). In comparison, mothers who indicated ever feeling like their children placed too many demands on them were fairly evenly distributed between the three depressive symptom categories. Thirty-one percent had no depressive symptoms, 30% had depressive symptoms that were not persistent/concerning, and 38% had persistent/concerning depressive symptoms (see Figure 6).

FIGURE 6: Child demands related to depressive symptoms

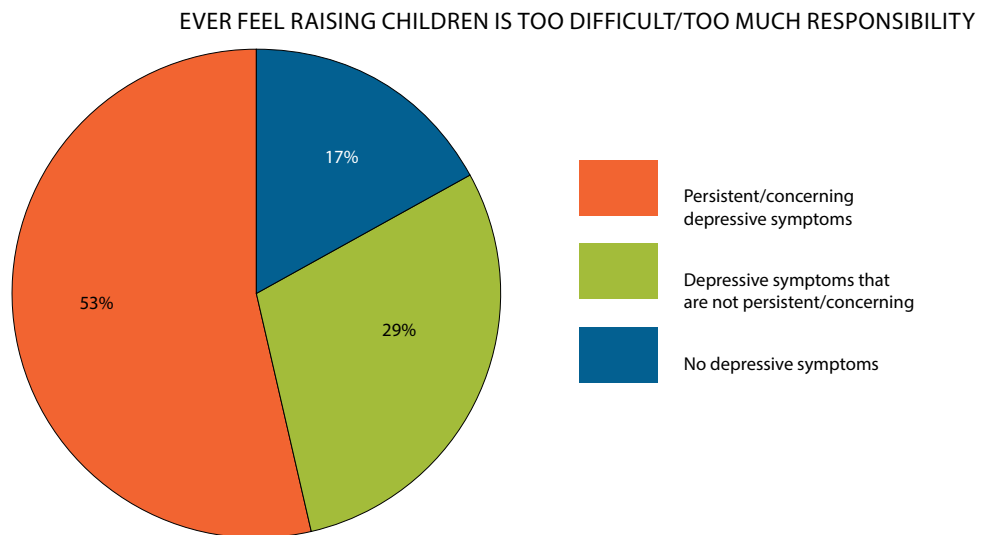


Mothers who never felt that raising children was too difficult or too much responsibility were compared with those who ever felt that way, with similar patterns emerging. Half of mothers who reported never feeling that raising children was too difficult or too much responsibility (50%) had no depressive symptoms. In contrast, 82% of mothers who felt that raising children was too difficult or too much responsibility reported experiencing depressive symptoms and just over half (53%) had persistent/concerning depressive symptoms (see Figure 7).

FIGURE 7: Parenting difficulty/responsibility related to depressive symptoms



Note:  $n=194$



Note:  $n=86$  Percentages do not add up to 100% due to rounding.

## NEW QUESTIONS AND NEXT STEPS

This Brief highlights the high prevalence of depressive symptoms among a sample of TCA applicants, as well as associations between depressive symptoms and employment status, perceptions of health, and perceptions of parenting stress. The results from this Brief underscore the need for further research on effective practices to promote the use of mental health services among low-income mothers, particularly among those experiencing persistent or concerning symptoms. Data about receipt of treatment services was not collected in this study. To better understand the high prevalence of depression among low-income mothers, future research could investigate whether or not mothers receive treatment, supports and obstacles of accessing treatment, and types of treatment (or conditions under which treatment is provided) that are most effective. Additionally, collecting information on the onset and course of low-income mothers' depressive symptoms could help increase the capacity for future early detection and support prevention and treatment efforts. Finally, research documenting the consistency of depressive symptoms over time and more nuanced examinations of the associations between depressive symptoms, parenting stress, and child care choices over time may help refine existing mental health, home visiting, and resource and referral services for families with young children.